		(Column 1)			09 913,701
	BASIC FEE	NUMBER FILED	(Column 2)	SMALL ENTITY	OTHER
	(37 CFR 1.16(a))	SCHLUCED	NUMBER EXTRA		OR OTHER HAN
•	TOTAL CLAIMS (37 CFR 1.16(c))			RATE FEE	
	MOEPENOCHE	minus 20 =		- 1	RATE FR
	(37 CFR 1.16(b))			1 x s 25 =	OR S
	MULTIPLE DEPENDENT CLA	minus 3 =		x s 100=	OR x 50
	- CA	MPRESENT . (37 CFF	1.16(0))	1,3100=	OR x 5 200
	· If the difference in column 1	is less than too	V-7/	+5.180	
	CLAULT	zero, enter 70-	in column 2	TOTAL	OR + 360
- 1	CCAIMS	AS AMENDĘD – PA	RTII	. TOTAL	OR TOY
- 1	(Colur				TOTAL
- 1	CIA	IMS (Co	ilumn 21. (Column 3)		
- 1	Z 4 07 REMA	INING HIG	HEST	SMALL ENTITY	OR OTHER THAN
. : [AMENO	MENT PREV	OUSLY EVE	RATE	SMALL ENTITY
.	CO COR LINGEI		FOR	TIONAL	RATE
- 1.	U (31 CFR (.16/b))	Migus		x s 25 = FEE	AOH TIONIL
- 1:	FIRST PRESS	1 1 1 2			OR X S D FE
F	FIRST PRESENTATION OF M	ULTIPLE DEPENDENT CLAIM	(1) 660	x s 100=	
•			(37 CH (116(d))	+ s 180=	OR x s 200
_	(6.1	•		TOTAL ADO'L FEE	OR (+5360)
α		(Colum	rin 2] (Column 3)	YOU'C LEE	OR ADO'L FEE
I N	REMAINIT	IG HIGHE	ST C		DOCTAGE
\ E	TOLAL AMENDME	NE PREVIOU	ISLY EXTON	RATE ADDI-	
ENDMENT	DI GFR 1.16all	Minus	DR =	TIONAL	RATE ADDI
WE	(3) CEH ('16/PII	· Minus ···		x s 25 = FEE	TIONAL
₹	FIRST PRESENTATION OF				R x 50=
A STOCK OF MULTIPLE DEPENDENT CLAIM (1) CO.					x x 200
1				+ 5 180= OF	
-	(Column 1)		A	DO'L FEE	TOTAL
2	CLAIMS REMAINING	(Column	2) (Column 3)	OF	AOD'L FEE
	AFTER	1 NUMBER	:00coc		
NOMENT	Total AMENDMENT	I PA(I) FOR	Y EXTOX	RATE AOOL	O. T. T.
	lodinand	Minus		TIONAL	RATE ADDI- TIONAL
Z-	CALCUSCOII	Minus		<u>25</u>	FEE
a	TRST PRESENTATION OF MULTIPLE OFFI			10Q OR	x 2 20
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1,16(d)) + 5 180					x s 200
3,100=					+ 360
in the Highest Number Previously Park (The High Street Previously Park Previously Park (The High Street Previously Park					
TOTAL If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". This "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". This collection of information is required by 21" of Total or Independently is the highest.					
The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. This collection of information is required by 37 CFR 1.16 The Medern of the highest number (good in the space of the sp					

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For Total or Independent is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is fire including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS